School-Based ACCESS Program (SBAP)

General Session

FY2018-2019 Statewide Training

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Today's General Session Agenda

- SBAP Roles: DHS / PCG / SSG / PDE

- Recurring Timeline – Quarterly Review

- Overview and Financial Performance

- Claiming Levels: Impact on Cost Settlement

- Unrestricted Indirect Cost Rates

- Withdrawing Funds and PDE Form 352

- SBAP Handbook

- Important Reminders

- SBAP Resources

- Contact Information

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SBAP Roles

- PA Department of Human Services (DHS)
  - School-Based ACCESS Program (SBAP)
  - Bureau of Program Integrity (BPI)
  - Bureau of Policy, Analysis, and Planning (BPAP)

- PA Department of Education (PDE)
  - Bureau of Special Education (BSE)

- Local Education Agencies (LEA)

- Contractor for Lot 1: Public Consulting Group (PCG)

- Contractor for Lot 2: Sivic Solutions Group (SSG)

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Contractor Responsibilities
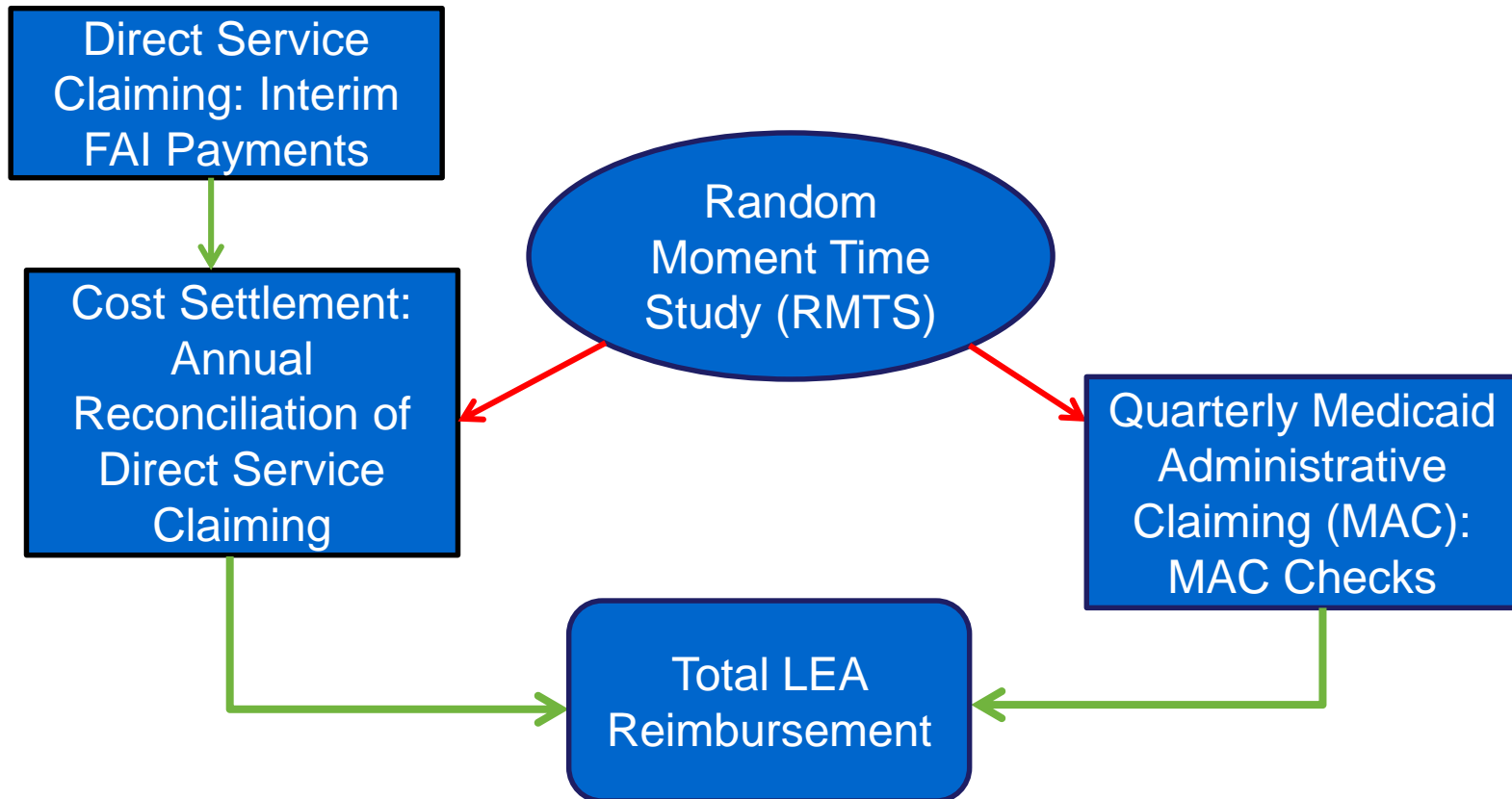
Lot 1 Services (PCG):

- Operating and maintaining a third party billing system to submit claims to DHS for direct services and special transportation

- Conducting the Random Moment Time Study (RMTS)

- Submitting quarterly claiming for Medicaid administrative activities to DHS

- Contractor Systems: *EasyTrac* and *Claiming System*

Lot 2 Services (SSG):

- Performing annual cost reconciliation and settlement tasks

- Conducting annual cost reconciliation monitoring reviews

- Calculating annual interim rate adjustments

- Conducting quarterly RMTS coding reviews

- Contractor System: *e-SivicMACS*

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Program Components

School Based ACCESS Program components that <u>drive</u> reimbursement include:

```
┌─────────────────────┐
│  Direct Service     │
│  Claiming: Interim  │
│  FAI Payments       │
└─────────────────────┘
          │
          ▼
┌─────────────────────┐        ⬭ Random Moment Time Study (RMTS) ⬭
│  Cost Settlement:   │
│  Annual             │
│  Reconciliation of  │        ┌─────────────────────┐
│  Direct Service     │        │ Quarterly Medicaid  │
│  Claiming           │        │ Administrative      │
└─────────────────────┘        │ Claiming (MAC):     │
          │                    │ MAC Checks          │
          └──────► Total LEA ◄─┘
                 Reimbursement
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SBAP Recurring Timeline – FY 2018-2019

July (2018)
- July - Sept Quarter Begins (Inactive Quarter – No RMTS moments)
- Certify Costs: April-June Quarter (MAC Checks)
- LEA Agreements for FY18-19

August (2018)
- Open Oct – Dec Quarter RMTS Staff Pools and School Calendar

September (2018)
- Deadline to Certify Oct – Dec Quarter RMTS Staff Pools and School Calendar
- All FY17-18 MAC CPEs due
- Annual Fall Program Trainings

October (2018)
- Oct – Dec Quarter Begins
- Certify Costs: July – Sept Quarter (MAC Checks)
- Interim Rate Adjustments
- Annual Fall Program Trainings
- Annual Cost Settlement Trainings FY17-18
- Open Cost Reports FY17-18

November (2018)
- Annual Cost Settlement Trainings FY17-18
- Open Jan – March Quarter RMTS Staff Pools and School Calendar

December (2018)
- Annual Cost Settlement Trainings FY17-18
- Deadline to Certify Cost Reports FY17-18
- Deadline to Certify Jan – March Quarter RMTS Staff Pools and School Calendar

January (2019)
- Jan – March Quarter Begins
- Certify Costs: Oct – Dec Quarter (MAC Checks)

February (2019)
- Open April – June Quarter RMTS Staff Pools and School Calendar
- Annual Cost Settlement Desk Reviews

March (2019)
- Deadline to Certify April – June Quarter RMTS Staff Pools and School Calendar
- Annual Cost Settlement Desk Reviews

April (2019)
- April – June Quarter Begins
- Certify Costs: Jan – March Quarter (MAC Checks)

May (2019)
- Release FY17-18 Reconciliation/ Cost Settlements to LEAs

June (2019)
- Deadline for LEAs to submit FY17-18 Cost Settlement CPE Forms

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July to September Quarter

July (2018)
- July - Sept Quarter Begins (Inactive Quarter – No RMTS moments)
- Certify Costs: April-June Quarter (MAC Checks)
- LEA Agreements for FY18-19

August (2018)
- Open Oct – Dec Quarter RMTS Staff Pools and School Calendar

September (2018)
- Deadline to Certify Oct – Dec Quarter RMTS Staff Pools and School Calendar
- All FY17-18 MAC CPEs due
- Annual Fall Program Trainings

- Start of new state fiscal year – sign annual LEA participation agreement

- Inactive quarter for RMTS – no moments issued

- Continuation of billing for prior and current state fiscal year – 180 day claiming window

- *In July, look back at previous quarter* – submit quarterly costs for MAC for April to June quarter, due one month <u>after</u> close of quarter (based on actual costs)

- *In August, look ahead to next quarter* – update and certify calendars and Staff Pool Lists for October to December quarter.

- Final opportunity to claim for MAC for FY 2017-2018 quarters.

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October to December Quarter

October (2018)
- Oct – Dec Quarter Begins
- Certify Costs: July – Sept Quarter (MAC Checks)
- Interim Rate Adjustments
- Annual Fall Program Trainings
- Annual Cost Settlement Trainings FY17-18
- Open Cost Reports FY17-18

November (2018)
- Annual Cost Settlement Trainings FY17-18
- Open Jan – March Quarter RMTS Staff Pools and School Calendar

December (2018)
- Annual Cost Settlement Trainings FY17-18
- Deadline to Certify Cost Reports FY17-18
- Deadline to Certify Jan – March Quarter RMTS Staff Pools and School Calendar

- Attend annual SBAP Trainings – offered throughout Pennsylvania

- Continuation of billing for prior and current state fiscal year – 180 day claiming window

- In October, start preparing your LEA's Cost Report for previous fiscal year (accrual basis). Start Early and participate in Cost Settlement webinars!

- *In October, look back at previous quarter* – submit quarterly costs for MAC for July to September quarter, due one month after close of quarter (based on actual costs)

- *In November, look ahead to next quarter* –update and certify calendars and Staff Pool Lists for January to March quarter.

- December 31 – all LEA Cost Reports are due (accrual basis)

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January to March Quarter

January (2019)
- Jan – March Quarter Begins
- Certify Costs: Oct – Dec Quarter (MAC Checks)

February (2019)
- Open April – June Quarter RMTS Staff Pools and School Calendar
- Annual Cost Settlement Desk Reviews

March (2019)
- Deadline to Certify April – June Quarter RMTS Staff Pools and School Calendar
- Annual Cost Settlement Desk Reviews

- Continuation of billing for current state fiscal year only – 180 day claiming window

- *In January, look back at previous quarter* – submit quarterly costs for MAC for October to December quarter, due one month <u>after</u> close of quarter (based on actual costs)

- *In February, look ahead to next quarter* – update and certify calendars and Staff Pool Lists for April to June quarter.

- In February and March, LEAs participate in SSG cost settlement desk reviews – respond to all inquiries and ensure accuracy of your LEA's cost report.

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April to June Quarter

April (2019)
- April – June Quarter Begins
- Certify Costs: Jan – March Quarter (MAC Checks)

May (2019)
- Release FY17-18 Reconciliation/ Cost Settlements to LEAs

June (2019)
- Deadline for LEAs to submit FY17-18 Cost Settlement CPE Forms

- Annual cost settlement calculations are released to the LEAs – notice of underpayments/overpayments due to or from LEAs.

- LEAs review and CPEs to finalize annual cost settlement by June deadline.

- Continuation of billing for current state fiscal year only – 180 day claiming window.

- *In April, look back at previous quarter* – submit quarterly costs for MAC for January to March quarter, due one month <u>after</u> close of quarter (based on actual costs)

- Since July to September quarter is inactive for RMTS, no changes are made to calendars/shifts or staff pool lists.

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Statewide Financial Performance
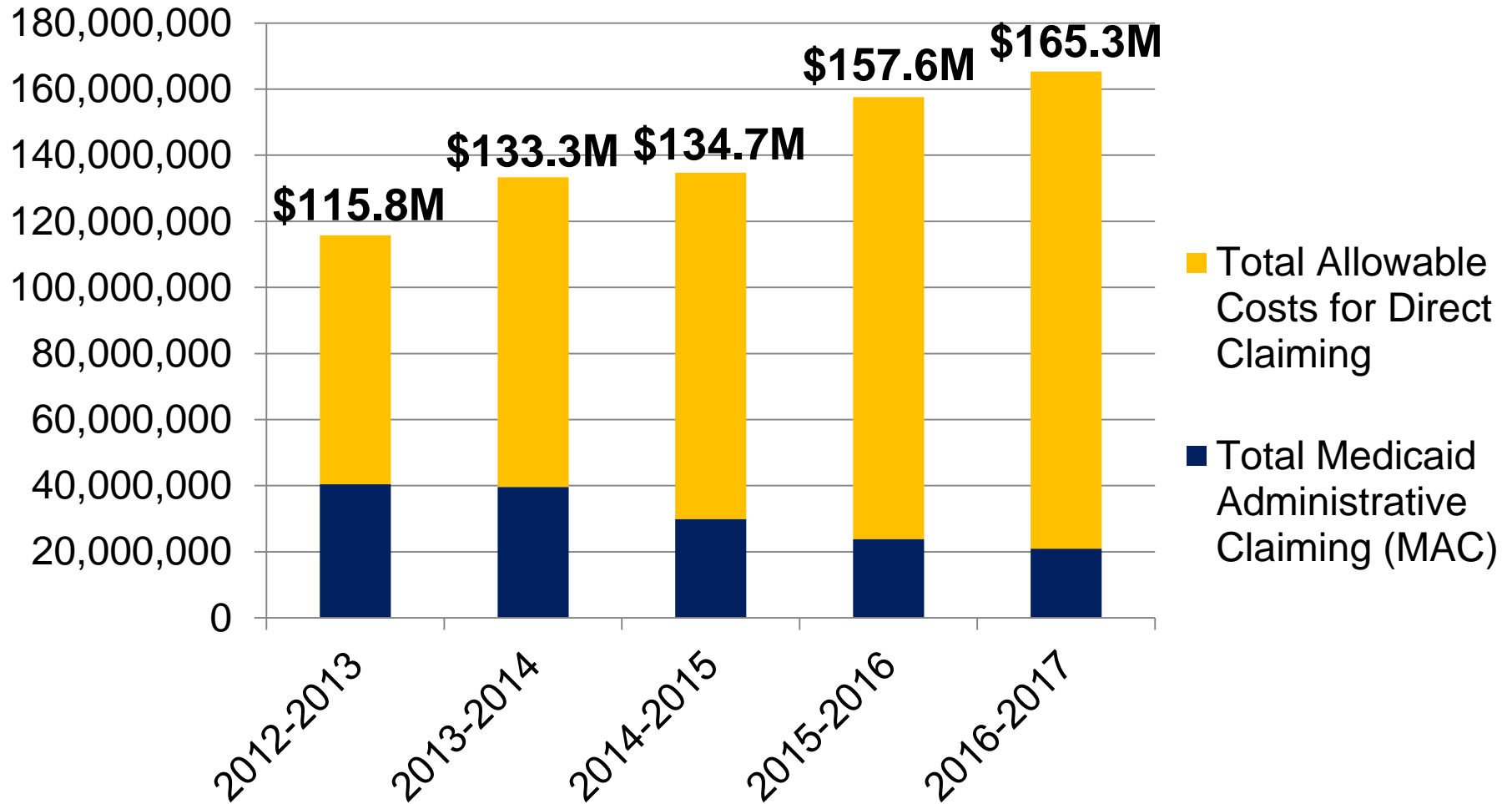
Direct Service Claiming vs. Cost Settlement

- **Warning**: Direct Service claiming levels (Interim Payments) are decreasing while cost settlement has been increasing

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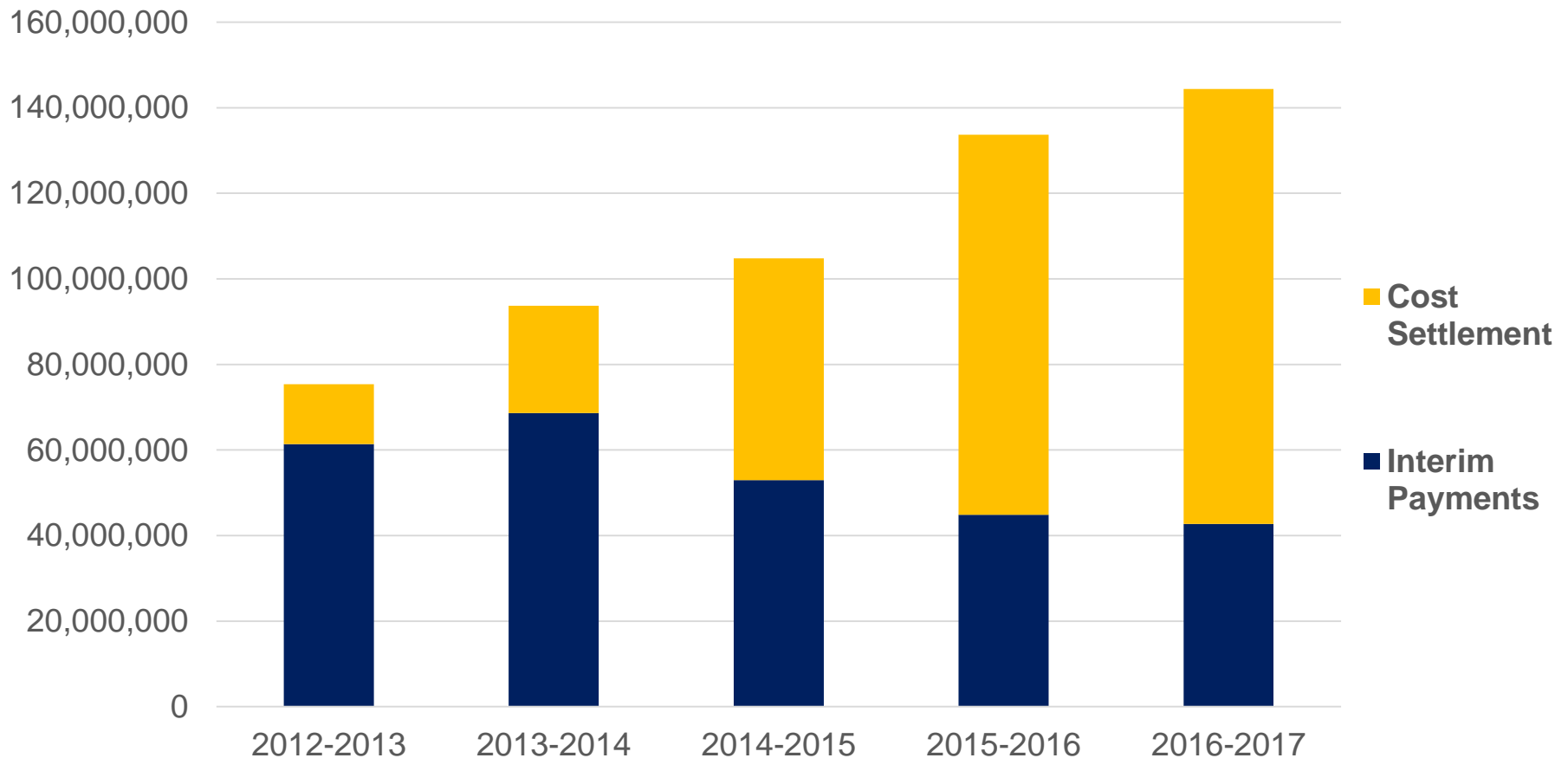
Direct Service Claiming vs. Cost Settlement

- FY 2016-2017:
  - 405 (80%) LEAs claimed 50% or less of Total Medicaid Allowable Costs
  - Of those, 227 claimed 25% or less

- Examples:
  - LEA claimed $7 and received $4,900 during cost settlement
  - LEA claimed $865 and received $119,000 during cost settlement
  - LEA claimed $12,000 and received $433,000 during cost settlement
  - LEA claimed $90,000 and received $1.2M during cost settlement

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Direct Service Claiming vs. Cost Settlement

- Why does this matter?

  - Purpose of Cost Settlement = reconciliation (NOT a windfall)

  - Interim payments = services are being delivered and supports medical necessity of payments

  - Fewer interim payments/services = greater risk for payback of *entire* service type categories during audits

  - Rates are based upon the number of claims paid so the level of billing directly impacts your LEA's rates

- Bottom Line: Review your LEA's billing practices and increase your claiming levels

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Unrestricted Indirect Cost Rates

Overview and How to Apply:

- Indirect costs are an allowable component

- LEA may apply for and receive unrestricted indirect cost rate (UICR)

- Apply annually between September and November for a UICR by submitting the Indirect Cost Schedule of the Annual Financial Report (AFR)

- AFRs are submitted to PDE via the Consolidated Financial Reporting System (CFRS)

- **If an LEA does not apply** for and receive an LEA-specific UICR, a zero rate will be applied and no indirect costs will be included.

  ➢ The result of a zero rate is **decreased SBAP reimbursement** for your LEA for both MAC and Cost Settlement.

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Unrestricted Indirect Cost Rates

LEAs can apply for FY 19-20 UICRs starting in September 2018 when the FY 17-18 AFRs open in PDE's Consolidated Financial Reporting System (CFRS).

Fiscal Year of Data	Year AFR is Submitted	Year Rate is Established
15-16	16-17	17-18
16-17	17-18	18-19
17-18	18-19	19-20
18-19	19-20	20-21

For more information about the UICRs and how to apply, please contact PDE at:

- RA-EDPDEINDIRECTCOST@pa.gov

Instruction manuals and other helpful information can be found at:

- ftp://copaftp.state.pa.us/pub/PDE_PUBLIC/Indirect_Cost_Training/

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Withdrawing Funds and SBAP

- Funds are deposited into a PDE-restricted account.

- Monthly, PCG provides Program Status Reports.

- Review your account balance prior to requesting a funds withdrawal.

- Verify account balance with FAI system.

- Funds must be used within the realm of special education services.

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Withdrawing Funds and SBAP

- SBAP funds requests must be submitted on PDE 352 (044) or PDE 352M (092) (EI) form.

- The LEA six-digit Project number must appear on the form.

- Submit the **ACCESS Funds Request Form** to PDE along with a *short* narrative describing how the SBAP funds will be used and how they will enhance special education.

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Withdrawing Funds and SBAP

Allowable Expenditures

Purchases related to special education:

- Assistive Devices

- Software

- Computers for classroom

- Computers for staff

- Transportation Van

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Allowable Expenditures

<u>*Support Positions*</u> related to special education:

- Teachers

- Service Providers

- SBAP Coordinators
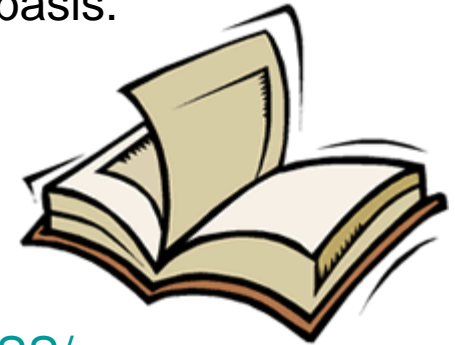
- Personal Care Aides

- Bus Aides

- Clerical Staff

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Withdrawing Funds and SBAP

Mail Requests to Withdraw Funds:

Attn: ACCESS Coordinator
PA Department of Education
Bureau of Special Education
333 Market Street, 7th Floor
Harrisburg, PA 17126-0333

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SBAP Handbook

Updates to handbook

- Language related to MAC payments - paper checks to direct deposit

- Webpage links

- Language under Nursing and Nurse Practitioner Services (Section 3.4 and 3.5) that describe activities of medication *administration* as a compensable service

- Language under UICR (Section 9.4) to address ongoing responsibility of the LEA to request UICR from PDE on annual basis.

- Highlighted for easy identification

SBAP Handbook is available at:

http://www.dhs.pa.gov/provider/School-BasedACCESS/

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Reminder: MA Provider Enrollment

All LEAs and Prescribing Providers

- All LEAs must be enrolled in the MA program through DHS as *Provider Type 35 – Public School* and will receive an NPI and an MA provider number.

- Federal law requires physicians and other practitioners within their scope of practice who order, refer, or prescribe services for MA beneficiaries to enroll as MA providers. This includes those licensed practitioners signing medical authorizations or MPAFs.

- LEAs must include the prescribing practitioner's credentials in Easytrac:

  - **National Provider Identifier (NPI)** – 10-digit number, assigned to the provider on the federal level

  - **MA Provider Number** – 13-digit number, assigned to the provider on the state level by DHS

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Improper provider enrollment may cause claim denials when:

- An LEA or prescriber is enrolled with an incorrect provider type

- A claim is submitted without a valid provider ID (MA ID or NPI) for the LEA or the prescriber

- The licensed practitioner (prescriber) is now retired or deceased

- A prescribing provider or LEA fails to revalidate MA enrollment

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Revalidate Every 5 Years:

- All providers must revalidate their MA enrollment **every 5 years**. Providers can check their revalidation date by logging into PROMIS*e*™. Revalidation applications should be submitted at least 60 days prior to enrollment expiration.

   o This requirement includes **ALL PROVIDERS**, regardless of provider type.

- Additional MA enrollment / revalidation information and the application can be found here: www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994

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Reminder: Speech Providers and Supervision

- All Speech and Language services provided by the following individuals must be under supervision **and** must include a supervisory signature (See Section 3.15 of the SBAP Handbook):

  - o Assistants
  - o Clinical Fellows
  - o PDE-certified Speech Pathologists (CSPG No. 063)
  - o Individual with a provisional license

- **Effective period** of provisional licenses can vary and must be active for the provisional licensee to bill.

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Reminder: LEA Contact Information Form

The LEA Contact Information Form is an important tool for the SBAP program. This form:

- Ensures LEA staff receive appropriate and important communications from DHS and the vendors.

- Should be submitted any time LEA SBAP staff and/or their contact information changes.

- Is found on the DHS website under "FORMS" at: www.dhs.pa.gov/provider/School-BasedACCESS/SupportingDocuments/index.htm

- Should be submitted to: RA-PWSBAP@pa.gov

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Resources

- **SBAP on the DHS website**
  - www.dhs.pa.gov/provider/School-BasedACCESS/

- **SSG website – cost settlement FAQs**
  - https://pasbap.ssghosting.com/rms/login.aspx

- **PCG website – document library and SBAP 101**
  - https://paaccess.pcgus.com/documents.html
  - https://paaccess.pcgus.com/SBAP101.html

- **PCG weekly webinars**
  - https://paaccess.pcgus.com/calendar.html

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DHS Presenters' Contact Information

- Jonathan McVey
- SBAP Director
- (717) 787-5512
- jomcvey@pa.gov

- Barry Decker
- Bureau of Policy, Analysis and Planning
- (717) 772-6341
- bdecker@pa.gov

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SBAP Vendor Contact Information

- **Lot 1 Contractor - PCG:**
- 1-866-912-2976
- SBAPsupport@pcgus.com

- **Lot 2 Contractor - SSG:**
- 1-877-916-3222
- PAsupport@sivicsolutionsgroup.com

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SBAP Training Survey

We want to hear from you!

Please provide feedback on the FY18-19 Statewide Training by completing this short survey:

➢ **https://www.surveymonkey.com/r/RXX6KZ3**

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School-Based ACCESS Program (SBAP)

Breakout Session A:

Claiming

FY2018-2019 Statewide Training

Agenda

- RMTS FY1718 Recap

- Understanding Relationships of SBAP: RMTS, MAC, Service Documentation

- RMTS Moment Completion

- MAC

- Direct Service Billing

- Tools of the Trade
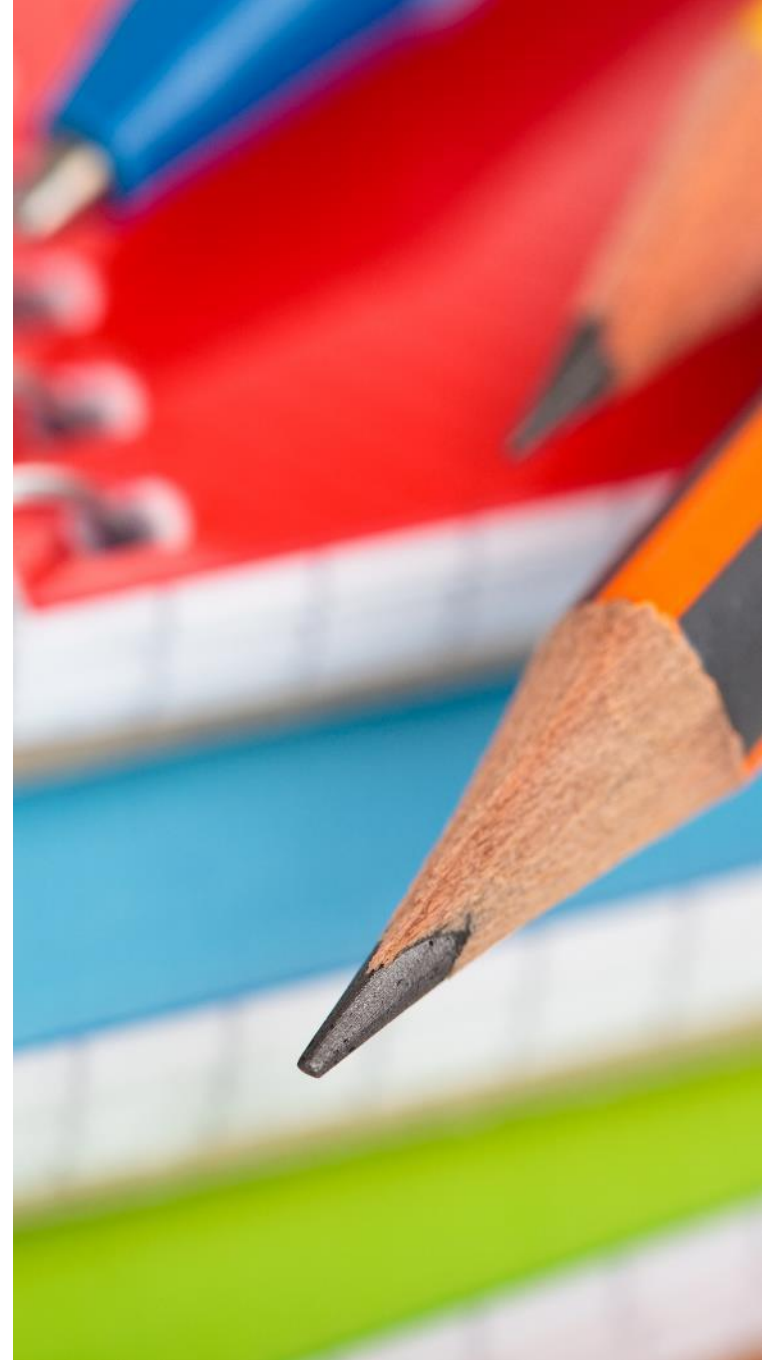
Random Moment Time Study and SBAP Reimbursements- FY17-18 Recap

Understanding Relationships

Staff Pool List

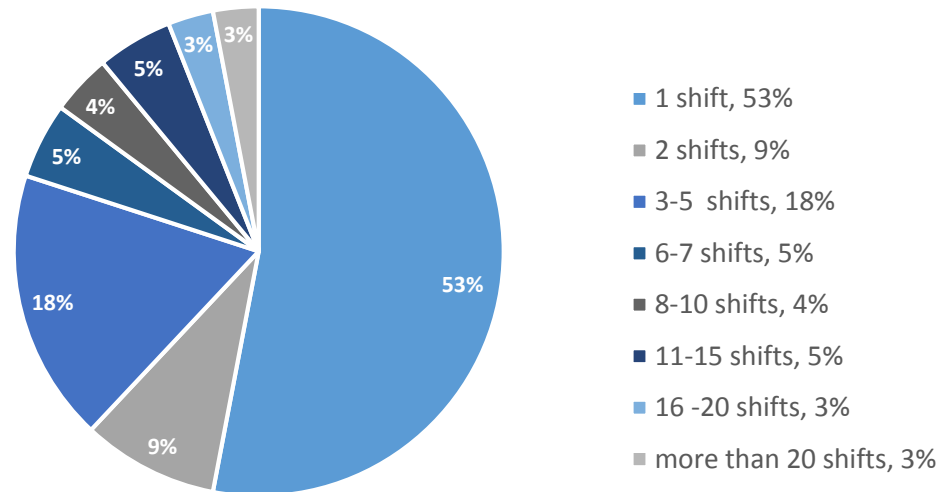Calendar

Shifts

Response Timeliness

Clear and Accurate Answers

SBAP Reimbursement Impact

Random   Moment   Time   Study

Random Moment Time Study and SBAP Reimbursements

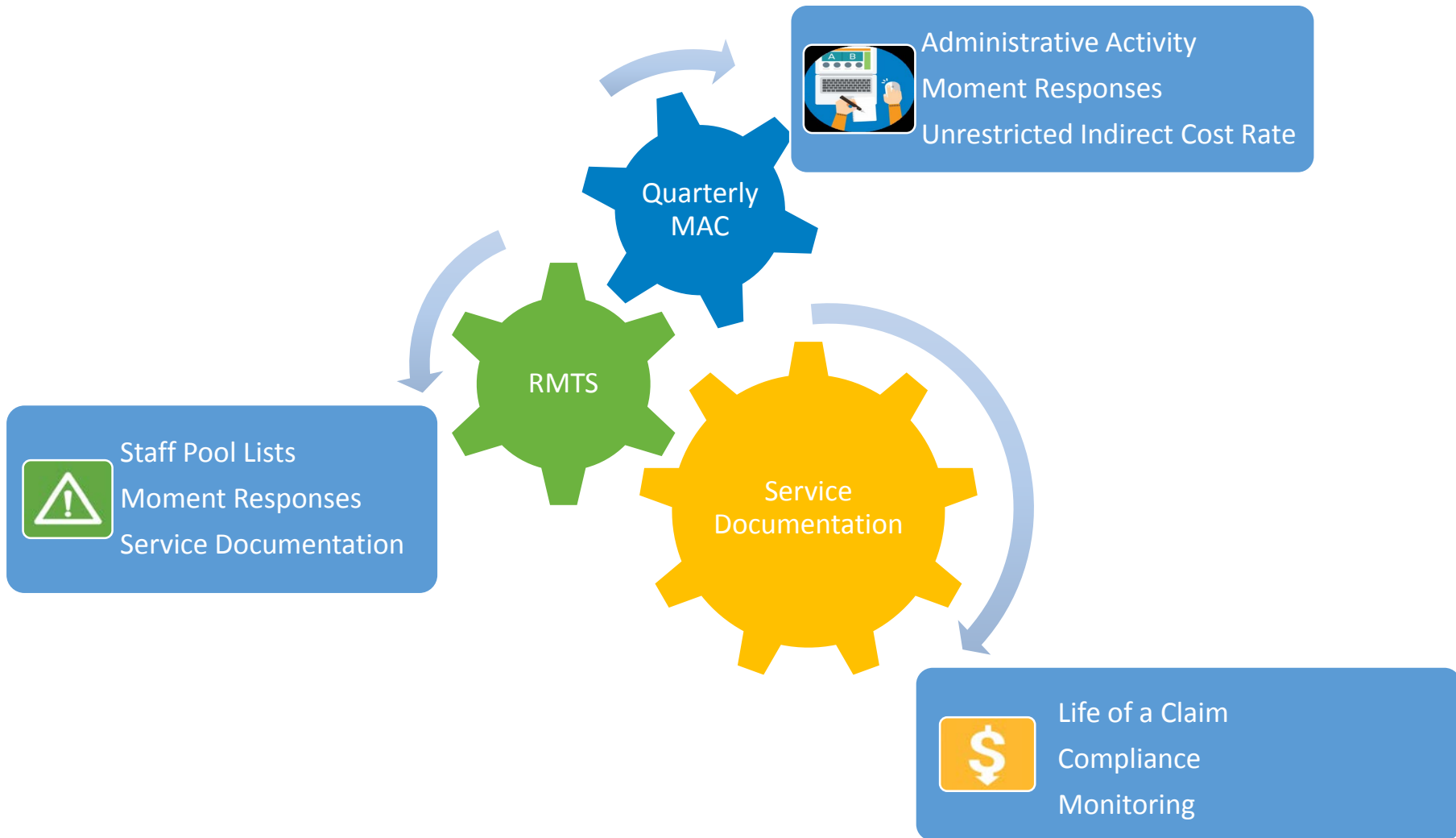## Continued Focus: Is the response rate more important than the response?

Annual Fiscal Year Response Percentages

Direct Service

Admin

Shifts

- 1 shift, 53%
- 2 shifts, 9%
- 3-5 shifts, 18%
- 6-7 shifts, 5%
- 8-10 shifts, 4%
- 11-15 shifts, 5%
- 16 -20 shifts, 3%
- more than 20 shifts, 3%
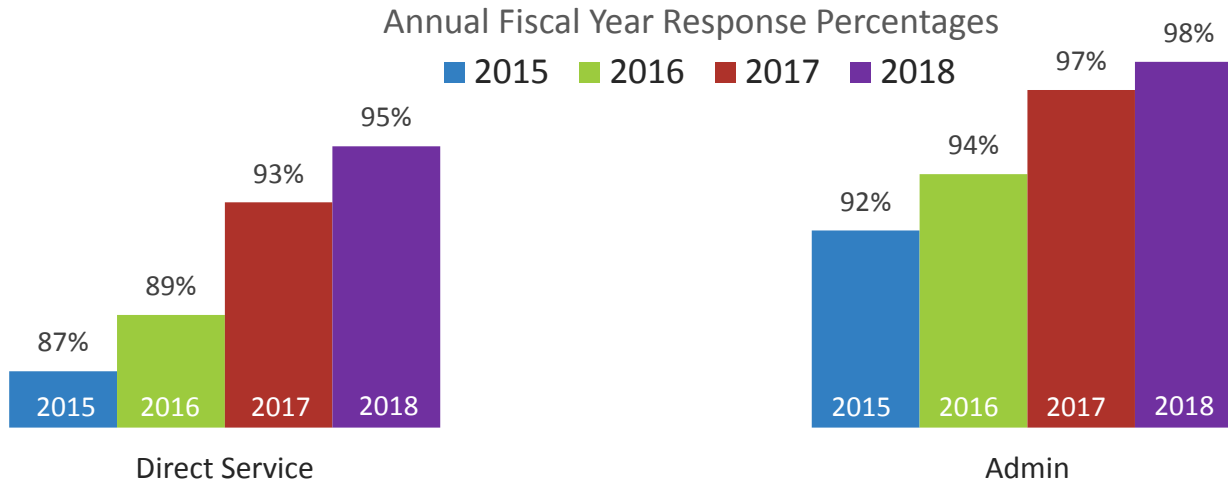
Random Moment Time Study, MAC, and SBAP Reimbursements

Understanding Relationship of SBAP Components

Quarterly MAC

Administrative Activity

Moment Responses

Unrestricted Indirect Cost Rate

RMTS

Staff Pool Lists

Moment Responses

Service Documentation

Service Documentation

Life of a Claim

Compliance

Monitoring

Random Moment Time Study and Service Documentation

- High number of Direct Service Providers on Staff Pool vs low number of Direct Service providers logging

- Equal number of Direct Service Providers on Staff Pool and Direct Service Providers logging

- Low number of Direct Service providers on Staff Pool vs high number of Direct Service Providers logging
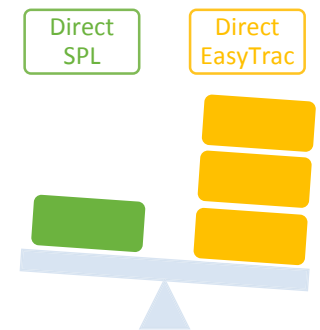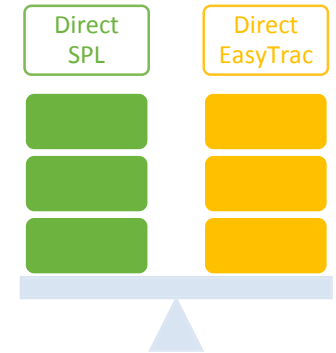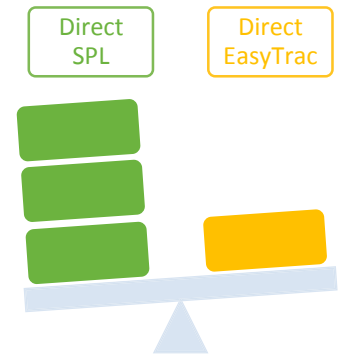
Random Moment Time Study and Moment Completion

- RMTS staff pool lists and providers documenting services in EasyTrac

- Anonymous LEA example:

Direct SPL: 447 providers

384

EasyTrac: 571 providers

Random Moment Time Study and Moment Completion

- RMTS staff pool lists and providers documenting services in EasyTrac

- Anonymous LEA example:

Direct SPL: 63 Not in EasyTrac   384   EasyTrac: 187 Not in RMTS
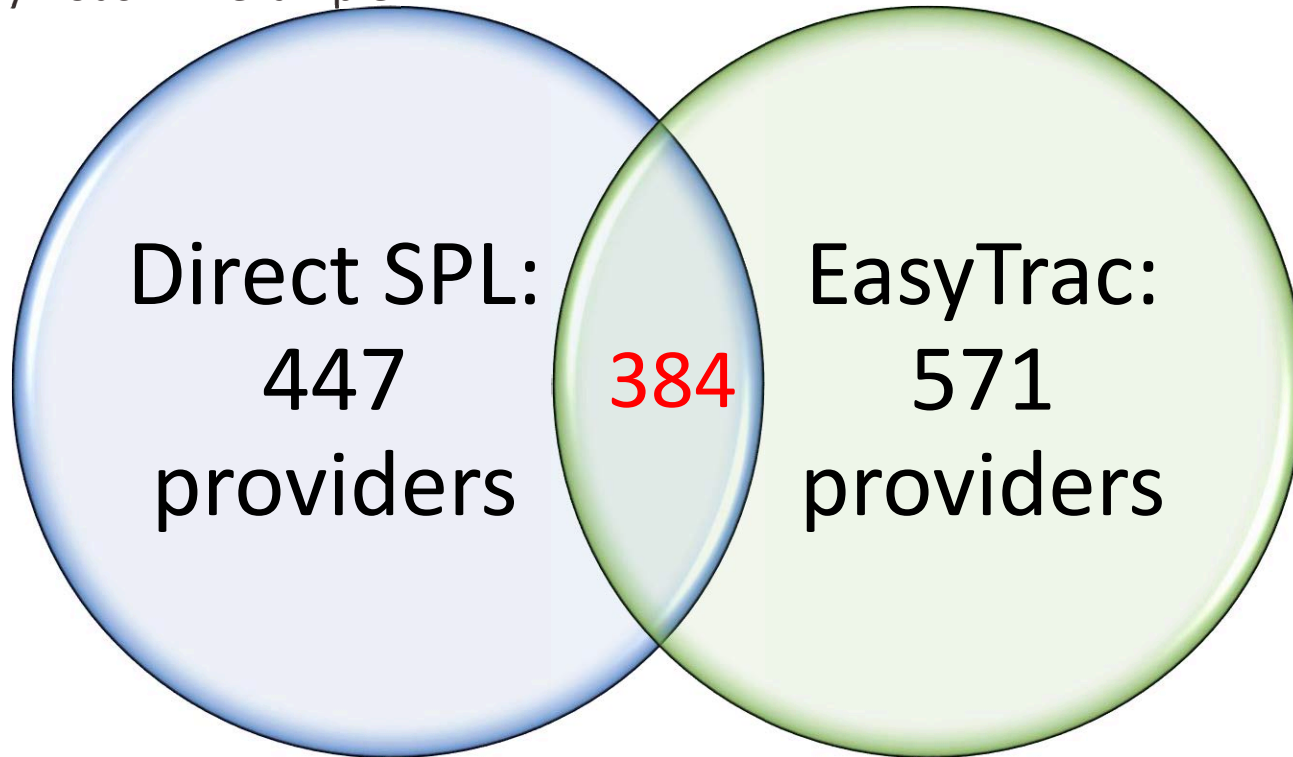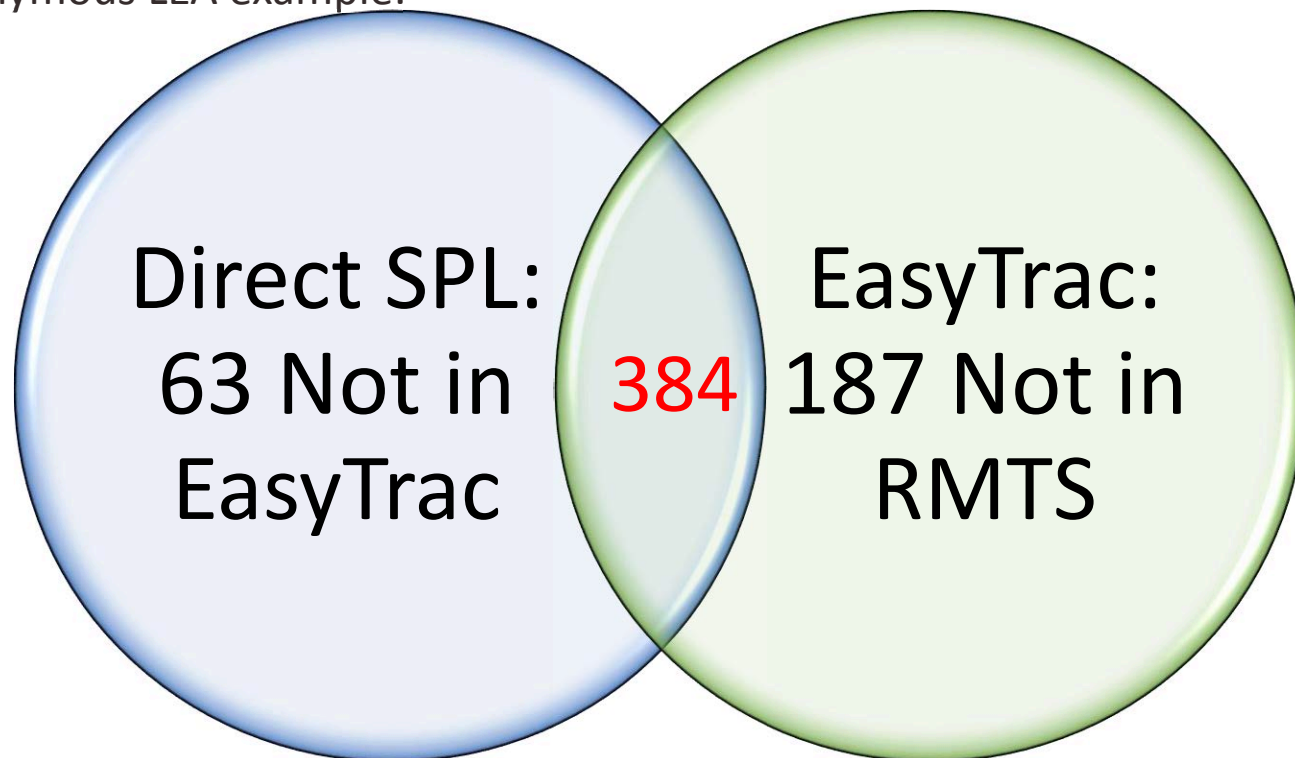
Does the direct service staff pool list represent the cost of delivering direct services? What does your staff pool list represent?

Expectation is all direct service providers on your staff pool list are documenting services in EasyTrac.

Medicaid Administrative Claiming: Time Study Cost Allocation

Medicaid Administrative Claiming

- What is MAC?
  - Medicaid **Administrative** Claiming

- What is MAC reimbursing you for?
  - Medicaid reimbursable activities - Administrative
  - MAC Reimbursement does not reflect the cost of delivering services

- Random Moment Time Study percentages and Medicaid Administrative Claiming

- UICR = Unrestricted Indirect Cost Rate
  - What is the UICR?

- MAC Claim Calculations
  - Scenario with a >10% UICR
  - Scenario with a 0% UICR

Medicaid Administrative Claiming Calculation

Direct Service Staff Pool Administrative Time Study Calculations

Direct Service Providers	Percent of Time Spent on Reimbursable Activity X	Total Costs Entered X	Medicaid Eligibility Rate X	General Admin Overhead Factor X	= Total Gross Claim Amount
X	0.00000%	$1,319,145	N/A	N/A	$0
X	0.00000%	$1,319,145	N/A	N/A	$0
X	0.00000%	$1,319,145	49.71%	N/A	$0
X	0.00000%	$1,319,145	49.71%	N/A	$0
X	0.04237%	$1,319,145	49.71%	N/A	$277
X	0.63559%	$1,319,145	49.71%	N/A	$4,168
X	5.46610%	$1,319,145	49.71%	N/A	$35,850
X	12.75423%	$1,319,145	N/A	3.50%	$5,890

Direct Service Providers Total Gross Claim: $46,187

Medicaid Administrative Claiming Calculation

Administrative Staff Pool List Administrative Time Study Calculations

Administrative Providers	Percent of Time Spent on Reimbursable Activity X	Total Costs Entered X	Medicaid Eligibility Rate X	General Admin Overhead Factor X	= Total Gross Claim Amount
X	0.03635%	$2,150,644	N/A	N/A	$781
X	0.10905%	$2,150,644	N/A	N/A	$2,345
X	0.00000%	$2,150,644	49.71%	N/A	$0
X	0.00000%	$2,150,644	49.71%	N/A	$0
X	0.03635%	$2,150,644	49.71%	N/A	$388
X	0.50890%	$2,150,644	49.71%	N/A	$5,441
X	2.18102%	$2,150,644	49.71%	N/A	$23,321
X	16.21228%	$2,150,644	N/A	1.79%	$6,245

Administrative Providers Total Gross Claim: $38,524

Medicaid Administrative Claiming Calculation
Application of the Unrestricted Indirect Cost Rate (UICR)

Direct Service Providers	$	**46,187**
Administrative Only Providers	$	**38,524**
Gross Claim Subtotal 1	$	*84,712*
Indirect Cost Rate (x 27.21%)	$	*23,050*
Total Gross Claim Amount	$	*107,762*
Federal Financial Participation (FFP) Rate		**x 50%**
Total Net Claim Subtotal		**$53,881**

50% PA State Share (unreimbursed)

$26,940

50% District Share

$26,940

-$500 Processing Fee

Claim: $26,440.60

Medicaid Administrative Claiming Calculation
Application of the Unrestricted Indirect Cost Rate (UICR)

Direct Service Providers	$	**46,187**
Administrative Only Providers	$	**38,524**
Gross Claim Subtotal 1	$	84,712
Indirect Cost Rate (x 0%)	$	*0*
Total Gross Claim Amount	$	84,712
Federal Financial Participation (FFP) Rate		**x 50%**
Total Net Claim Subtotal		**$42,356**

50% PA State Share (unreimbursed)

$21,178

50% District Share

$21,178

-$500 Processing Fee

Claim: $20,678.60

Direct Service Billing

Direct Service Billing: Life of a Claim

Provider delivers service to eligible child

Provider documents delivered service

Services from all providers checked for compliance and formatted and submitted to Medicaid Agency

State Medicaid agency receives claims

State Medicaid agency reviews & processes claims

Approved claims paid

Direct Service Billing: Life of a Claim
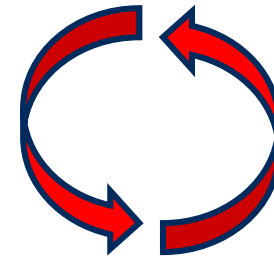
Services Prescribed

Services Provided

Services Logged into EasyTrac

Services Passed Edit Checks:

- MA Eligibility?
- Under 21?
- Logged on Weekend/Holiday?
- Within Timely Filing Window?

- IEP?
- Medical Authorization (MA/NPI)?
- PA Secure ID?
- Provider Certification?

- Supervisor Sign off?
- Parent Consent?
- Primary Disability?

Claims Submitted and Paid

Direct Service Claiming and Documentation

- A log cannot be pulled for claiming if it…

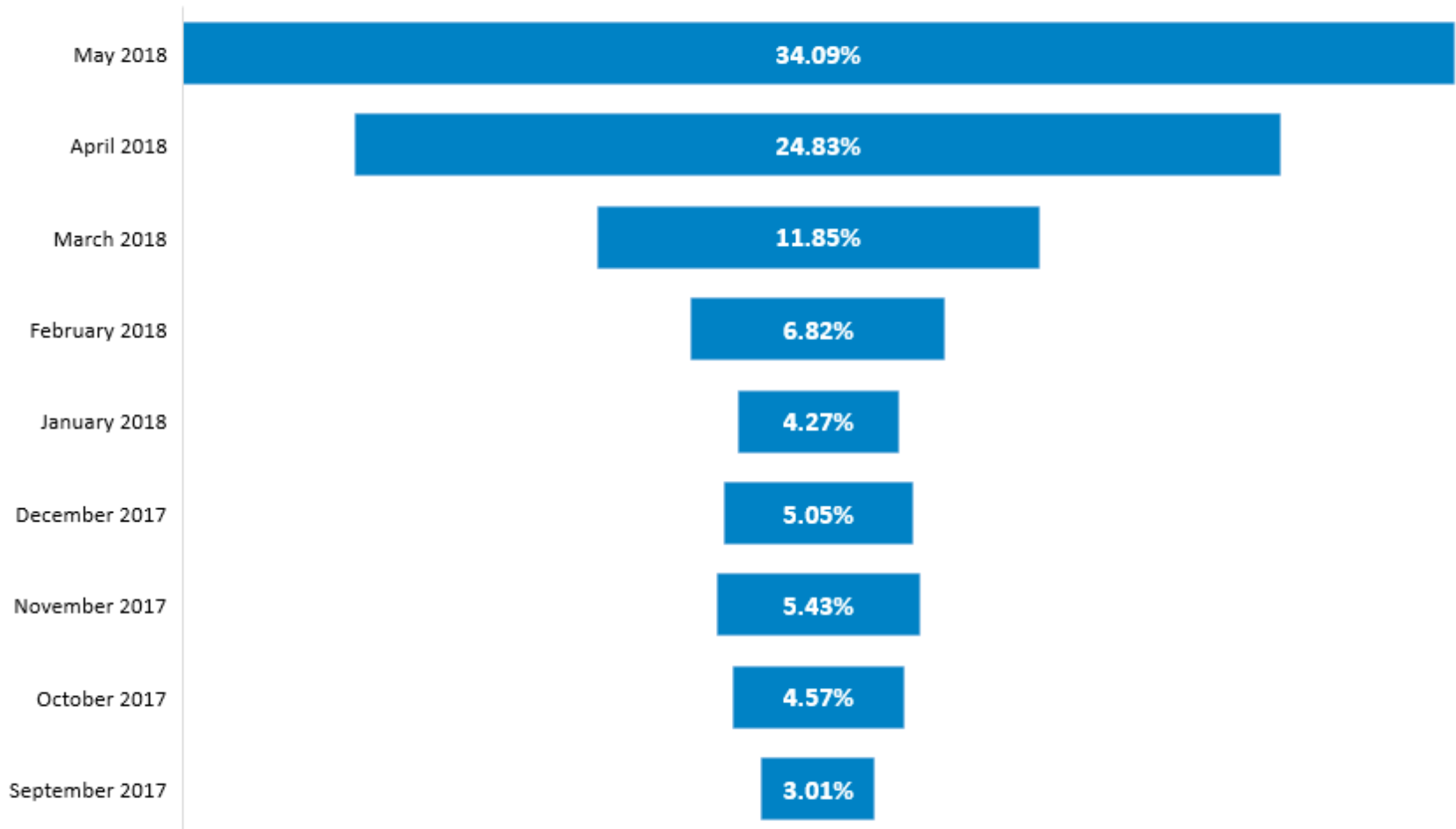   … is not **entered** into EasyTrac

    - If the service is not entered into EasyTrac, is there proof it occurred? EasyTrac used as a Service Documentation Database

    … is not entered within the **Timely Filing window**

    … is not **approved** until after the Timely Filing Window

Direct Service Claiming and Documentation: Timely Filing

Service Dates Entered in May 2018

Month	Percentage
May 2018	34.09%
April 2018	24.83%
March 2018	11.85%
February 2018	6.82%
January 2018	4.27%
December 2017	5.05%
November 2017	5.43%
October 2017	4.57%
September 2017	3.01%

Direct Service Claiming and Documentation: Timely Filing, cont'd

- **Example #1**:

  - **January 2018** Date of Service entered into EasyTrac on **May 1st, 2018**
    - Log is not manually approved; automatic approval is applied in *July 2018*
    - Log is picked up in *July 2018* claiming cycle and Compliance Data checked
    - Required IEP Date is not in EasyTrac to cover date of service
    - Log information provided on *July 2018* Exception Report to district
    - IEP Date is updated in EasyTrac
    - Log is now outside of Timely Filing window for *August 2018* claiming

- **Example #2:**

  - **January 2018** Date of Service entered into EasyTrac on **May 1st, 2018**
    - Log is manually approved timely upon entry: *May 5, 2018*
    - Log is picked up in *May 2018* claiming cycle and Compliance Data Checked
    - Required IEP Date is not in EasyTrac to cover date of service
    - Log information provided on *May 2018* Exception Report to district
    - IEP Date is updated in EasyTrac
    - Log is picked up in *June 2018* claiming cycle for submission to Medical Assistance

Direct Service Claiming and Compliance Data

Compliance Data Checklist

✓Timely Filing

✓Log approval

✓Age Verification

✓Medicaid Eligibility

✓Logs dated on a weekend

✓Logs dated on a holiday

✓PA Secure ID

✓Primary Disability

✓Provider Certification

✓IEP Date

✓Parental Consent Date

✓Medical Authorization

Affects on-going Interim Payments to the school!
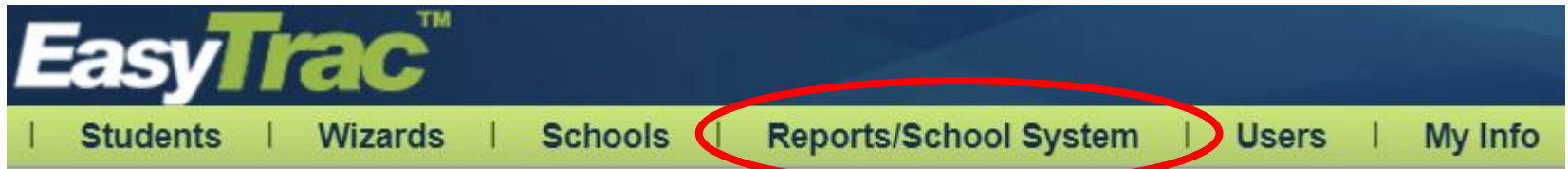
Direct Service Claiming and Compliance Data

Compliance Data- Number of services withheld on most recent Exception Report

- PA Secure ID (63,029)
- Primary Disability (11,844)
- Provider Certification (52,070)
- IEP Date (100,305)
- Parental Consent Date (35,770)
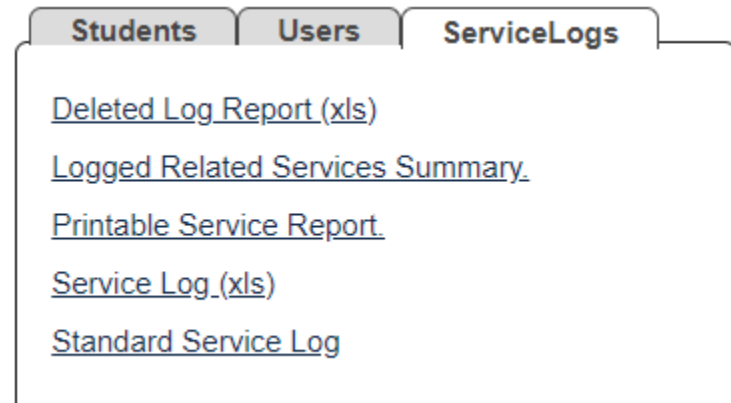- Medical Authorization (308,578)

Tools of the Trade

Compliance Data Toolbox: Proactive

- **EasyTrac System Reports**

- **Reports available at any given time to monitor current status of data**
  - Service Log Reports
  - User Reports
  - Student Reports
  - Service Documentation Review

Service Log Reports

Service Documentation Review

| Students | Users | ServiceLogs |

Deleted Log Report (xls)

Logged Related Services Summary.

Printable Service Report.

Service Log (xls)

Standard Service Log
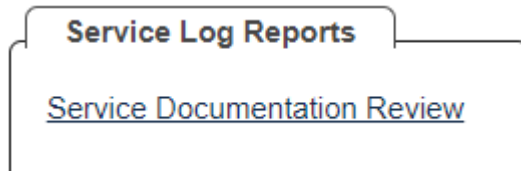
Compliance Data Toolbox, cont'd

- **Service Documentation Tool Box**
  - EasyTrac System Reports
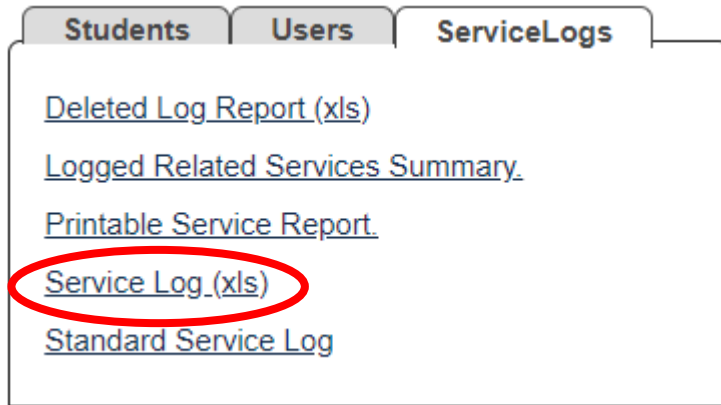
  - *Service Log Report*
    - Review of logs by Date of Service
    - Review of logs by Date of Entry (Timely Filing)
    - Customize fields to appear
      - Include Date of Approval/Approver Name

Compliance Data Toolbox, cont'd
EasyTrac Dashboards

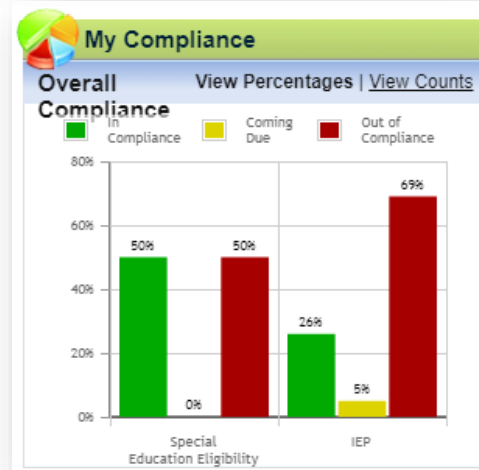- Track Service Log Entry, and Special Education Eligibility and IEP Compliance, as applicable

- Interactive-selection will drill down to specific students

- Will be dependent on active Student Population
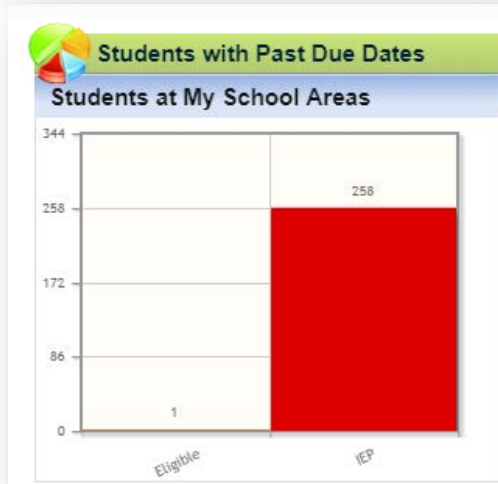
Compliance Data Toolbox: Reactive

- **Exception Reports**
  - Provided monthly to identify what logs were not able to be submitted for processing

- District with high number of exceptions has no correlation to another district with a low number of exceptions
    - Factor: Levels of Service log entry

  - **Example:**
    - **District A:**
      - 250 logs on Exceptions
      - Total logs entered: 1,000
      - Exceptions represent 25% of logs entered
    - **District B:**
      - 250 logs on Exceptions
      - Total logs entered: 333
      - Exceptions represent 75% of logs entered

Questions

Lot 1 Contractor – Public Consulting Group (PCG):

1-866-912-2976

SBAPsupport@pcgus.com

PCG Representatives and Regions:

Patrick Cassidy		Don Seidel		AmyLyn Mirocco	
Matthew Bowman	**Patrick Cassidy**	**Angela Anderson**	**Don Seidel**	**Joe O'Connell**	**AmyLyn Mirocco**
Northwest Region	**Southwest Region**	**North Central Region**	**Northeast Region**	**South Central Region**	**Southeast Region**
Butler County	Allegheny County	Bradford County	Carbon County	Adams County	Berks County
Cameron County	Armstrong County	Centre County	Lackawanna County	Cumberland County	Bucks County
Clarion County	Beaver County	Clearfield County	Lehigh County	Dauphin County	Chester County
Crawford County	Bedford County	Clinton County	Luzerne County	Franklin County	Delaware County
Elk County	Blair County	Columbia County	Monroe County	Fulton County	Lancaster County
Erie County	Cambria County	Lycoming County	Northampton County	Huntingdon County	Montgomery County
Forest County	Fayette County	Montour County	Pike County	Juniata County	Philadelphia County
Jefferson County	Greene County	Northumberland County	Schuylkill County	Lebanon County	
Lawrence County	Indiana County	Snyder County	Susquehanna County	Mifflin County	
McKean County	Somerset County	Sullivan County	Wayne County	Perry County	
Mercer County	Washington County	Tioga County	Wyoming County	York County	
Potter County	Westmoreland County	Union County			
Venango County					
Warren County					

Claiming Training Survey

We want to hear from you!

Please provide feedback on our session by completing this short survey:

School Based ACCESS Program (SBAP)

Breakout Session "B"
Cost Reconciliation Process

Presented by: Sivic Solutions Group (SSG)

Fall 2018 Statewide Training

Sivic Solutions Group (SSG)

Becky Stoddard

Julie Accorsini

Chris Patton

Aaron Link

Agenda

- Welcome & Introductions

- Cost Reconciliation Process Overview

    - What is Cost Reconciliation

    - What data elements are needed for Cost Reconciliation

- Things to Remember
    - Tuition
    - Special Transportation
    - Certified Public Expenditure (CPE) Form

- Monitoring Process

    - What to expect if my LEA is selected for Oversight and Monitoring

- Additional Assistance

    - Where and when to get more information about cost reconciliation

- Questions

Cost Reconciliation Overview

- Cost Reconciliation is the overall process to determine all overpayments and underpayments for the period.

  - Process determines the difference between the Allowable Medicaid costs for the school year and the "interim" reimbursements received by the LEA during the year.

- Cost Settlement is the last step in the Cost Reconciliation process. This is the end goal to ensure that LEAs are reimbursed for all Medicaid allowable costs for the delivery of Medicaid allowable direct medical services.

  - Note: Cost reconciliation does not include quarterly Medicaid Administrative Claiming (MAC) payments that LEA has received during the school year.

- Costs are reported on an accrual basis. This means expenses are counted when the LEA received the good/service, **NOT** when the LEA paid for the good/service.

Cost Reconciliation Outcomes

- Outcome #1:

  - The Medicaid costs exceed the interim reimbursements received during the school year, resulting in additional settlement dollars being paid to the LEA.

Cost Reconciliation	Outcome #1
Medicaid Cost for Direct Medical Services – Gross	$750,000
Federal Medical Assistance Percentage (FMAP) (The Federal Share based on rates published by HHS)	52.00% (example rate)
Medicaid Cost for Direct Medical Services – Net	$390,000
Medicaid Interim Payment for Direct Services (Net FFP)	$275,000
Total Medicaid Cost Settlement (Net)	$115,000

Cost Reconciliation Outcomes

- Outcome #2:

  - The Medicaid costs are less than the interim reimbursements received during the school year, resulting in LEA paying back the difference

Cost Reconciliation	Outcome #1
Medicaid Cost for Direct Medical Services – Gross	$750,000
Federal Medical Assistance Percentage (FMAP) (The Federal Share based on rates published by HHS)	52.00% (example rate)
Medicaid Cost for Direct Medical Services – Net	$390,000
Medicaid Interim Payment for Direct Services (Net FFP)	$400,000
Total Medicaid Cost Settlement (Net)	$(10,000)

Cost Reconciliation Overview

Cost Reconciliation Data Elements

- Salaried Staff Costs and Contracted Staff and Services Costs - (*Handbook Section 3*)

- Direct Medical Services Materials and Other Costs – (*Handbook Section 3*)

- Transportation Staff Costs – (*Handbook Section 7.4*)

- Transportation Other Costs – (*Handbook Section 7.4*)

- Depreciation – (*Handbook Section 7.4*)

- Tuition – (*Handbook Section 7.5.a*)

- General Statistical Information – (*Handbook Section 9*)

Cost Reconciliation Overview

Salaried Staff and Contracted Staff and Services

- Pre-tax earnings for the period. Include wages, overtime, bonuses, paid time off, etc. for employees included in the direct staff pool.

- LEA Paid Benefits such as health, dental, life, retirement, staff training, professional development, travel expenses, etc., for employees included in the direct staff pool.

- Payments made to contracted staff members included in the direct staff pool.

Cost Reconciliation Overview

Transportation Staff Costs

- Pre-tax earnings for the period. Include wages, overtime, bonuses, paid time off, etc. for employees included in the direct cost pool.

- LEA Paid Benefits such as health, dental, life, retirement, etc., for employees included in the direct staff pool.

- The same rules apply to transportation staff with the big Exception that these staff are not on the Direct Service Staff Pool. You will need to enter these individuals manually to include their costs.

- Staff includes bus drivers and substitute bus drivers and mechanics

- Transportation Staff DOES NOT include District Transportation Coordinators, bus attendants/aides

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Cost Reconciliation Overview

Direct Medical Services Materials and Other Costs

- Only include materials and supplies found on the "List of Allowable Direct Medical Services Supplies and Materials".
  - This list can be found on the e-SivicMACS Home Screen.

- Documentation should CLEARLY demonstrate purchased item(s) are on the approved list.

- It is important to know that any items being claimed must be purchased to assist in the provision of a direct health-related service.

Cost Reconciliation Overview

Depreciation

- Depreciate approved direct medical equipment or transportation equipment valued over $5,000.

- Straight-line depreciation method means that depreciation is calculated by dividing purchase price by the estimated useful life of the asset.
  - The annual depreciation is calculated by dividing the purchase price by the estimated useful life of the asset.

- **Do NOT INCLUDE**:
  - Costs for equipment applicable to ONLY general education students
  - Items costing $5,000 or less
  - 100% Federally funded costs

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Cost Reconciliation Overview

General Statistical Information

- IEP Ratio
  - Used to calculate direct Medicaid allowable expenditures;
  - Based on data on December 1, 2017;
  - The purpose of the IEP ratio is to determine Medicaid's portion of direct medical service costs incurred by LEAs for the provision of direct medical services.

Numerator: *Total Number of **Medicaid Eligible IEP Students** with a Direct Medical Service in their IEP*

Denominator: *Total Number of **ALL IEP Students** with a Direct Medical Service in their IEP*

Cost Reconciliation Overview

General Statistical Information:

Unrestricted Indirect Cost Rates (UICR)

Indirect costs are an allowable component for LEA reimbursement;

- <u>Examples of an Indirect Cost</u>: Building Lease, Utilities, etc.

The UICR is added to account for additional costs of doing business that cannot be easily identified within a particular grant, contract, or program, but are necessary for the general operation of the organization

- Example:
  - LEA has $150,000 in total costs
  - LEA has a UICR of 10%
  - The total allowable costs for costs reconciliation would then be
    - $150,000 + $15,000 = **$165,000**

Each LEA is encouraged to apply for a unique UICR with the Department of Education;

If an LEA does not receive an LEA-specific UICR, a zero rate will be applied resulting in reduced SBAP reimbursement

Cost Reconciliation Key Dates

New Interim Rates Effective

(10.1.18)

Deadline for Entering Costs into System

(12.31.18)

Signed CPE Form Due

(5.20.19)

System Open for 2017 – 2018 Cost Reconciliation

(10.1.18)

Desk Review Close

(3.4.19)

Reimbursement

(7.31.19)
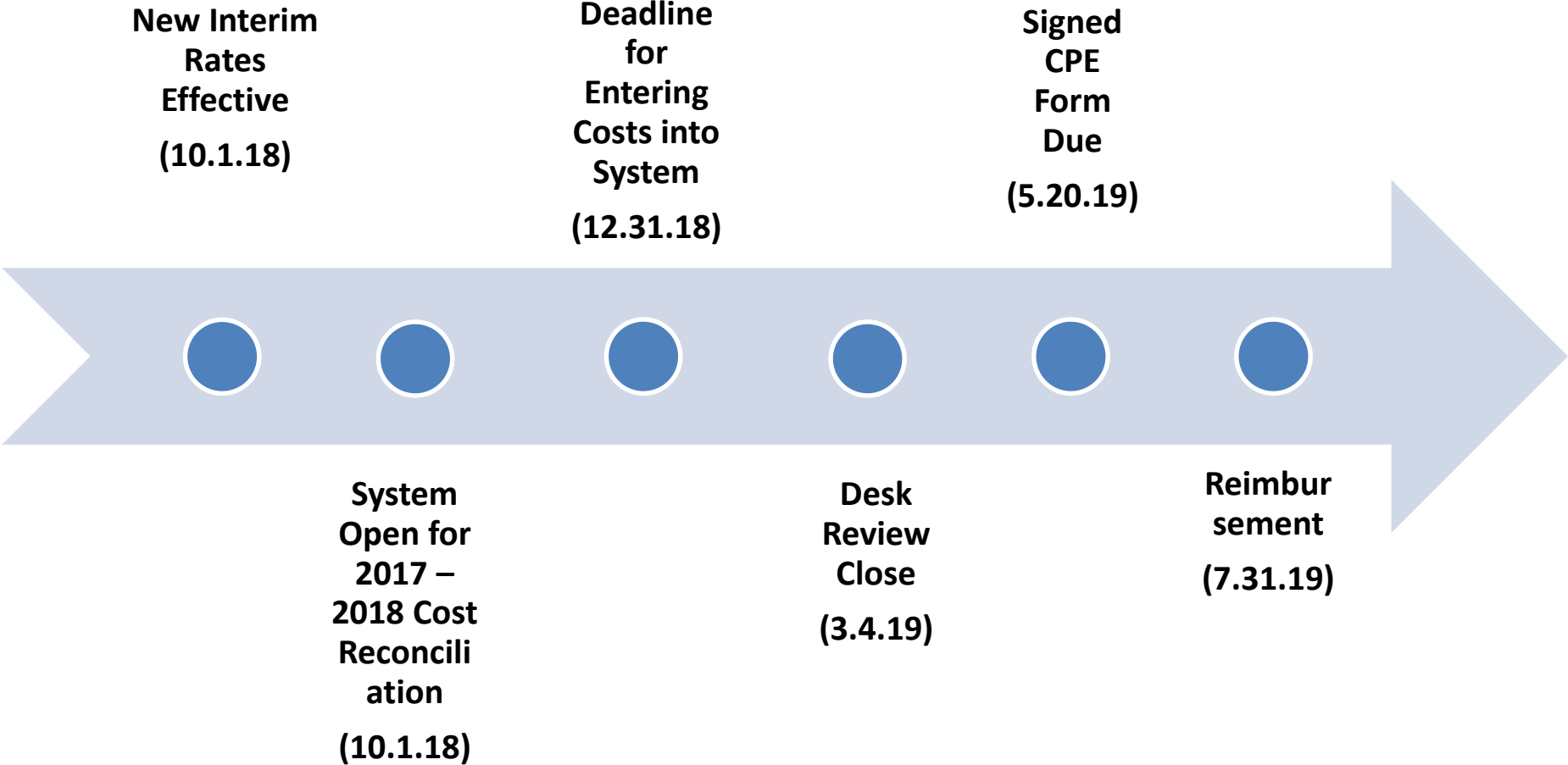
Things to Remember - Tuition

Tuition

- LEAs may claim 100% tuition costs for eligible students enrolled in an APS or CSDB, including those with partial Department of Education (PDE) funding.

- To claim tuition, a student must have an IEP with a Health Related Service listed in their IEP.

- LEAs claiming Tuition costs may want to obtain Health-Related Tuition Percentage cost data from the applicable institution(s).
    - Approved Private Schools (APS)
    - Charter School for Blind and Deaf (CSBD)

Things to Remember - Tuition

- When to Claim Tuition?

Question	Answer
Is your school paying tuition to another school outside the district?	Yes
Is the student receiving a Medical Assistance (MA) health-related services that is listed on their IEP from the outside school?	Yes
Is your LEA the home district for the student? (Only one responsible entity can report for a student to ensure no duplication of claiming)	Yes
No claims for the MA health-related service were submitted for the student this school year? (No double dipping)	Yes

- If the answer to ALL four questions is Yes, then your LEA can claim tuition cost as part of reconciliation process.

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Things to Remember - Tuition

- What is Reportable?

  - Tuition is for students who are receiving a medically necessary school based health services which is documented in his or her IEP.

  - LEAs may claim payments to an out of district school for both tuition and separate health-related service(s) for the same student. The LEA may include both tuition and contracted costs on their cost report.

- Health-Related Tuition Percentage

  - Statistical method for determining the percentage of tuition used for health related services.

  - What to do if unable to locate an institution in the Tuition tab?

	CS for School Year 2016 - 2017	CS for School Year 2017 - 2018
Data Source for Public and Charter School Data	PDE AFR Report for 2015 -2016	PDE AFR Report for 2016 -2017
Data Source for APS & Private Schools	Cost Information Collected by LEA; or default 2.5%	Cost Information Collected by LEA; or default 2.5%

Things to Remember - Tuition

Health-Related Percentage

- Tuition payments (net Federal Funds) are multiplied by the Health Related Percentage;

- Health-Related Percentage is unique for each school/institution;

- Calculated by SSG using Annual Financial Report (AFR) information or cost data collected by LEA;

- Purpose of the Health-Related Percentage is to determine how much of the tuition costs is being used for direct medical services.

Things to Remember - Tuition

Institution Code		
Institution Name		
Expense Type	--All--	

Tuition Screen from Prior Years

☐	Institution	Expense Type	Expense Amount	Federally Funded	Claimable Amt
		No Record(s) Found			

Tuition Screen Updates

1. LEA must enter names of students.

2. LEA must certify students have a health-related service on their IEP and are Medicaid eligible.

Institution	Student(s) Name	Expense Type	Expense Amount	Federally Funded	Claimable Amt

☐ I verify that the identified student(s) included in the reported tuition payments are receiving at least one SBAP eligible direct medical service as part of the student's IEP.

Things to Remember – Special Transportation

- Allowable transportation costs include only those personnel and non-personnel costs associated with Special Education reduced by any federal payments for those costs.
  - The costs may include:
    - Bus Drivers
    - Mechanics
    - Substitute Drivers
    - Fuel & Oil
    - Repairs & Maintenance
    - Lease/Rentals
    - Contract Use Cost
    - Depreciation
    - Insurance

- **Reminder:** A LEA must have a paid transportation claim to include allowable transportation costs in cost reconciliation

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Things to Remember – Special Transportation

- You do not need to enter a transportation ratio if you are not claiming any transportation costs. **HOWEVER**, if you enter special transportation costs you must enter both the special transportation ratio **AND** one-way trip ratio.

- What is the Special Transportation Ratio?
    - The Special Transportation Ratio is applied when an LEA cannot discretely break out its Special Transportation costs from its general transportation costs.

Numerator: *Total Number of **Special Education Students** with Special Transportation Services in their IEP*

Denominator: *Total Number of **ALL Students** Receiving Transportation Services (Special and Non Special)*

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Things to Remember – Special Transportation

- You do not need to enter a transportation ratio if you are not claiming any transportation costs. **HOWEVER**, if you enter special transportation costs you must enter both the special transportation ratio **AND** one-way trip ratio.

- What is the One-Way Trip Ratio?
  - The One-Way Trip Ratio is used to determine Medicaid's portion of Special Transportation costs incurred by LEAs for the provision of SBAP Special Transportation services.

Numerator: *Total Number of Medicaid Paid One Way Trips (per MMIS)*

Denominator: *Total One Way Trips for students **with special transportation in their IEP***

Things to Remember – Special Transportation

	Only Special Transportation	Not Only Special Transportation	General Education Transportation
Description	Transportation costs for services and assets only used by special education students.	When transportation costs are for both general education students AND special education students and the LEA is unable to separate the two.	These are costs for transportation services provided only to general education students. These costs should **NOT** be included in your cost report.
Example	A bus, driver, fuel, etc. that is special fit with a wheelchair lift and only services special education children.	There is a bus that picks up general education students and some special education students. The costs for the driver, bus, fuel, etc. scan be reports as Not Only Special Transportation	You are not allowed to report the costs of a bus, driver, etc. that only is used to transport general education students.
What Ratio is applied	One-way Trip Ratio	Special Transportation **AND** One-way Trip Ratio	Not Used

Things to Remember – CPE Form

- The final and critical step in the cost reconciliation process.

- Certified public expenditures (CPEs). A CPE is a statutorily recognized Medicaid financing approach by which a local education agency, incurs an expenditure eligible for FFP under the state's approved Medicaid state plan.

- Based on this certification, the state is able to claim the federal share of these costs, which may then be paid to the LEAs.

Things to Remember – CPE Form

- Make sure to enter expenditure account codes and sign the CPE form. The form is not valid without this information.

Section II:

LEA Financial Account Code

The expenditures identified above as the match for the federal funds received from Medicaid are drawn from the following approved local account(s):

List your school financial account codes these expenditures are drawn from

_____

_____

_____   _____
Signature of Signer   Title of Signer
(CEO, CFO, or Superintendent)

Sign & Date CPE Form

_____   _____
Printed/Typed Name of Signer   Date

- Not completing the CPE form, or not completing all of the CPE form sections will result in no cost settlement for your LEA.

Oversight and Monitoring Process

- A detailed review of costs to make sure that Medicaid payments are being made for valid expenditures.

- Selected LEAs will be notified via letter from DHS and then supporting data will be requested for specific reported costs.

- LEAs will have two months to provide supporting documentation, such as financial system reports or provider licenses, via the e-SivicMACS application for SSG team review.

- SSG Team reviews documents to verify that reported costs match supporting data.

- SSG Team may reach out to LEAs for clarification or additional documentation, this is accomplished using "Response/Discussion" link.

- Preliminary and Final reports issued by DHS.

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Additional Assistance

Webinar Trainings: Annual Cost Report

Date	Time (EST)
Friday; October 5, 2018	3:00 PM
Friday; October 19, 2018	1:00 PM
Thursday; October 26, 2018	10:00 AM
Thursday; November 1, 2018	3:00 PM
Friday; November 9, 2018	9:00 AM
Thursday; November 15, 2018	1:00 PM
Friday; November 30, 2018	1:00 PM
Friday; December 7, 2018	10:00 AM

Reminder: Don't wait until the last minute to start entering your data

- Toll free: 1-877-916-3222

- PAsupport@sivicsolutionsgroup.com

Additional Assistance

- e-SivicMACS home screen contains resources such as:

  - Allowable Direct Medicaid Services Supplies and Materials List

  - Training presentation slides

  - SBAP Handbook

  - Cost Reconciliation FAQ

SBAP Cost Reporting and Settlement - e-SivicMACS
Pennsylvania State
Home

Link, Aaron | Home | Logout

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| Cost Settlement | Reports |

Help Desk
Toll-Free #: (877) 916-3222
Email: PAsupport@sivicsolutionsgroup.com
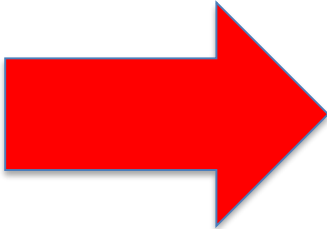
Resources

	Description
View	Approved Direct Medical Services List
View	Cost Settlement Training 2017
View	System Training - Cost Reporting and Settlement Process 2017
View	SBAP Handbook, March 2018
View	SBAP Cost Settlement Policy FAQ
View	FY15-16 Compliance Review Training

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Questions

School-Based ACCESS Program (SBAP)

Breakout Session C:

C is for Compliance

Compliance Training Objectives

- <u>Learning Objective:</u> Upon completion of this session, participants will be able to identify key aspects of compliance and recognize commonly identified issues/errors in an audit of SBAP services billed by the LEA.

- <u>Key Topics:</u>

  - Oversight & Monitoring

  - Common Audit Findings

  - Self-Audits

  - Self-Disclosures

  - Submitted Questions

  - Understanding the IEP

  - Documentation Reminders

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Bureau of Program Integrity

- The Bureau of Program Integrity (BPI) is part of the Pennsylvania Department of Human Services (DHS).

- BPI has medical professionals responsible for:

  o preventing, detecting, deterring, and correcting fraud, abuse, and wasteful practices by providers of MA services – including LEAs,

  o applying administrative sanctions, and

  o referring cases of potential fraud to the appropriate enforcement agency.

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Monitoring of Cost Reconciliation

Oversight & Monitoring

- Category 1: Salaried Staff

- Category 2: Contract Staff

- ❖ Category 3: Credentials & Licensing

- ❖ Category 4: Direct Medical Services Other Costs

- ❖ Category 5: IEP Ratio

- ❖ Category 6: Tuition Payments

- Category 7: One-Way Trip Ratio/Special Transportation Ratio

- Category 8: Transportation Payroll

- Category 9: Transportation Other

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Monitoring of Cost Reconciliation (Cont.)

A randomly selected number of LEAs will be required to participate in Monitoring Reviews to ensure compliance with the annual cost reconciliation process.

Review Categories

Category #1: Costs reported for Salaried Staff.

– Purpose: Ensure documentation supports reported salaries and benefits for staff included on the Direct Service Staff Pool.

– Provide: System financial ledger details, account numbers and fund codes, formulas and percentages to compute benefits.

Category #2: Costs reported for Contracted Staff.

– Purpose: Ensure documentation supports reported contracted costs for contractors included on the Direct Service Staff Pool.

– Provide: System financial ledgers, copies of contracts.

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Monitoring of Cost Reconciliation (Cont.)

Category #3: Credentials/Licensing of Providers.

– <u>Purpose</u>: Ensure documentation supports credentialing/licensing requirements for staff/contractors included on the Direct Service Staff Pool.

– <u>Provide:</u> copies of credential and/or licenses.

Category #4: Direct Medical Service Other Costs.

– <u>Purpose:</u> Ensure costs reported are listed on the list of allowable materials/supplies and documentation supports the reported expenditures.

– <u>Provide:</u> System financial ledger details, account numbers and fund codes.

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Category #5: IEP Ratio.

– <u>Purpose:</u> Ensure documentation supports reported numerator (MA eligible students with health-related services in IEPs) and reported denominator (ALL students with health-related services in IEPs), using the December 1st count.

– <u>Provide:</u> Explanation of your LEA's method for calculating the IEP ratio, documentation supporting the numerator came from the PROMIS*e*™ system, documentation supporting the denominator was special education students with a SBAP related service in their IEPs on December 1st of the cost settlement year.

Category #6: Tuition Payments.

– <u>Purpose:</u> Ensure documentation supports reported tuition payments for only MA eligible students with health-related services in IEPs.

– <u>Provide:</u> Documentation supporting total costs reported, the service listed in the IEP and that your LEA is responsible for billing MA for the student.

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Category #7: Transportation.

– <u>Purpose:</u> Ensure documentation supports reported transportation costs and ratios.

 ➢ *Subcategory #1: One-Way Trip Ratio.*

 • The numerator is populated using MMIS data

 • <u>Purpose:</u> Ensure documentation supports reported denominator (total number of one-way trips for students with specialized transportation documented in their IEPs.

 • <u>Provide</u>: Bus logs and attendance records, explanation of your LEA's method of calculating OWT denominator.

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Monitoring of Cost Reconciliation (Cont.)

Category #7: Transportation (cont.).

➤ *Subcategory #2: Specialized Transportation Ratio.*

- <u>Purpose:</u> Ensure documentation supports reported numerator (total number of students with specialized transportation documented in their IEPs) and reported denominator (total number of ALL students receiving transportation services).

- Sample of IEPs of students included in the ratio, explanation of your LEA's method for calculating the ratio.

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Monitoring of Cost Reconciliation (Cont.)

Category #7: Transportation (cont.).

> ➤ *Subcategory #3: Transportation Payroll.*

- <u>Purpose:</u> Ensure documentation supports reported salary and benefits of transportation staff.

- <u>Provide:</u> System financial ledger details, account numbers and fund codes, formulas and percentages to compute benefits.

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Monitoring of Cost Reconciliation (Cont.)

Category #7: Transportation (cont.).

➢ *Subcategory #4: Transportation Other Costs.*

- <u>Purpose:</u> Ensure documentation supports reported transportation contracted costs, fuel and oil, insurance, maintenance and repairs, and lease/rental.

- <u>Provide:</u> System financial ledger details, copies of contracts, account numbers and fund codes.

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Common Audit Findings

The issues listed below are frequently discovered when an audit is conducted:

- Services billed were not documented in IEP

- More units of service billed than documented in the IEP

- Precluded providers

- Service provider is not qualified

- Lack of required supervisory signatures

- Documentation not maintained

- Gaps in Medical Practitioner Authorization Form (MPAF)

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Common Audit Findings (Cont.)

Authorized vs. Documented Services

- Units of service billed must be equal to or less than the units of service authorized on the Medical Practitioner Authorization Form (MPAF).

- You are highly encouraged to verify through the self-audit process that the duration and frequency of the services billed are equal to or less than the duration and frequency recommended in the IEP and authorized on the MPAF.

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Precluded Providers

- LEAs as MA Providers are required to screen employees and contractors for exclusion from participation in federal health care programs, <u>prior to hire, then on an ongoing monthly basis</u>.

  - **An excluded/precluded individual or entity cannot be part of a task that is reimbursed by Federal healthcare program dollars.**

- LEAs must use all 3 preclusion websites:
  - Office of Inspector General (LEIE)
  - System for Award Management (SAM)
  - Medicheck (DHS)

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Precluded Providers (cont.)

- This requirement includes all employees, vendors, contractors and service providers whose functions are a necessary component of providing items and services to MA beneficiaries and who are involved in generating a claim to bill for services.

- In SBAP this includes all individuals listed on the LEA's staff pool lists, supervisors or teachers permitted to sign logs, physicians and/or CRNPs signing medical authorizations, and superintendents if he/she signs IEPs or has any association with SBAP. Refer to Section 5.4 Preclusion/Exclusion Checks in the SBAP Handbook for more details about the requirement.

- Helpful tip: LEAs can consider modifying their contracts to reflect the exclusion prohibition and require the contractor or vendor to check their own employees.

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Qualification/Supervisory Signature

- The individual providing the service must meet the provider qualifications outlined in the SBAP Handbook.

  - Unless your guidance counselor is a licensed social worker, licensed professional counselor, or licensed marriage and family therapist they **do not meet the qualifications** of the SBAP.

- Supervisory signatures are required for:
  - Personal Care Assistant
  - Occupational Therapy Assistant
  - Physical Therapy Assistant
  - Audiologist Assistant
  - PDE-Certified Speech Language Pathologist (CSPG 63)
  - Clinical Fellow in Speech Language Pathology (includes provisional licensee)
  - Speech Assistant

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Medical Practitioner Authorization Form

Medical Practitioner Authorization for SBAP Initial Evaluation Services

Student's Name: Pamela Tressler
Participating School Name: Your LEA Name

Initial Evaluations

__ Audiology	X Occupational Therapy	__ Orientation, Mobility & Vision
X Physical Therapy	__ Psychiatric	X Psychological
__ Social Work	X Speech & Language	__ Hearing Impaired

I agree that the Initial Evaluations above are both appropriate and medically necessary.

Authorized Signature _____   *Date of Signature 10/1/2017

Printed Name/Practitioner Title Im Aphysician/DO   License # XXXXXXXXX

NPI# 1234567890   MA Provider # 1234567890123

If review of medical necessity was conducted face-to-face with the student, separate documentation must be maintained.

*The date of signature is required prior to or on the date of service. Refer to section 4.8 of the SBAP Handbook for the definition of the date of service.

Reminder:

MPAF = Medical Necessity!

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Self-Audits

- Best Practice: Perform periodic self-audits on your LEA's direct service and transportation compliance data and documentation to ensure services were rendered and billed correctly and documentation appropriately maintained.

- The Self-Audit Tool provides a checklist of documents/records required for SBAP billing.

NOTE: Just because you find an error on a log doesn't mean it was a paid claim! Be sure to check with BPI or PCG on whether the log resulted in a paid claim to determine next action.

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Self-Disclosures

- Providers have a legal and ethical commitment to return inappropriate Medicaid payments.

- LEAs are encouraged to self disclose billing errors and violations identified.

- Disclosures should be made directly to the BPI SBAP Coordinator at (717) 705-6873.

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Transferring Students

Can I submit claims for a student transferring to my district?

- MA eligible

- Parental consent

- Permission to evaluate

- Evaluation

  - MPAF for evaluation

- IEP

- MPAF

  o Is the ordering practitioner enrolled with MA?

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Understanding the IEP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Student's Name:

VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS – Include, as appropriate, for nonacademic and extracurricular services and activities.

A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)
- SDI may be listed with each goal or as part of the table below.
- Include supplementary aids and services as appropriate.
- For a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

Modifications and SDI	Location	Frequency	Projected Beginning Date	Anticipated Duration

B. RELATED SERVICES – List the services that the student needs in order to benefit from his/her special education program.

Service	Location	Frequency	Projected Beginning Date	Anticipated Duration

C. SUPPORTS FOR SCHOOL PERSONNEL – List the staff to receive the supports and the supports needed to implement the student's IEP.

School Personnel to Receive Support	Support	Location	Frequency	Projected Beginning Date	Anticipated Duration

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Understanding the IEP

B. RELATED SERVICES - List the services that the student needs in order to benefit from or access his/her special education program.

Service	Location	Frequency	Projected Beginning Date	Anticipated Duration

ANNOTATION:

Related services refer to transportation and any developmental, corrective or other supportive service needed to assist a student with a disability to benefit from special education. The following examples are not a complete list of possible related services as related services are identified on the individual needs of the student.

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Understanding the IEP

IEP (ANNOTATED)
Student's Name:

Examples of related services include:

Transportation	Parent Counseling, Training
Audiological Services	Speech and Language Pathology/Therapy
Psychological Services	Behavior Intervention Program
Physical Therapy	Assistive Technology Devices and Services
Occupational Therapy	Rehabilitation Counseling
Counseling Services	Interpreter
School Health Services	Orientation and Mobility
Social Work Services	Other
Mental Health Services provided by other than IU/SD	

Directions for completing the grid:

If the IEP team determines that a student has an educational need for a service in order to benefit from a free appropriate public education, then it must be provided. For each service, the team must list the location and the frequency of the service to be provided.

Location refers to where the student will be receiving the related service. Frequency refers to how often the student will be receiving the related service. Documentation of frequency using vague terms such as "As needed" is not appropriate. The projected beginning date and the anticipated duration of the related service must be listed. Duration refers to the anticipated ending date for service.

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IEP Revisions

The LEA and parent have agreed to make the following changes to the IEP without convening an IEP meeting, as documented by:

ANNOTATION:

The IEP may be revised after the initial and/or annual meeting without an IEP team meeting. It is the responsibility of the LEA to authorize all changes/revisions to the IEP and to be involved in this revision process. This section documents HOW the agreed upon revisions occurred (e.g., dates and times of phone conversation, discussion of strategies at a prior meeting).

Date of Revision(s)	Participants / Roles	IEP Section(s) Amended

ANNOTATION:

When the parent and LEA have made revisions to the IEP without reconvening the team, the date the revision was made is listed in the first column. This may or may not be the same as the date that the revisions were agreed upon. The names of team members involved in the revision are listed (signature not required).

Indicate the section(s) of the IEP that was revised by referencing section number(s) and/or page(s) of the IEP. LEAs can choose any number of ways to document revised sections on the IEP. For example, changes can be highlighted, underlined, italicized, hand written, etc.

The LEA must ensure that the student's IEP team and anyone who provides services to the student are informed of the revisions. Each teacher and/or related service provider must be informed of his/her specific responsibilities related to implementing the student's IEP including the specific accommodations, modifications, and supports that must be provided for the student as specified in the IEP.

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Documents and Storage

- Scanning – Must maintain originals

- Electronic Records/Storage
  - EasyTrac Export – Backup

- Physical Records/Storage

- Retain records for at least six (6) years from date of service

NOTE: Discontinued participation in SBAP doesn't avoid the LEA's obligation as an MA Provider to follow the records retention requirement.

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Presenter Contact Information

Pam Tressler

Bureau of Program Integrity

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